

PTO/SB/21 (08-00)

TRANSMITTAL FORM

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Total Number of Pages in This Submission	1	

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Application Number	10/664,962
Filing Date	September 22, 2003
First Named Inventor	Shunpei YAMAZAKI et al.
Group Art Unit	2813
Examiner Name	T. Nguyen
Attorney Docket Number	0756-7199

ENCLOSURES (check all that apply)							
Fee Transmittal Form Fee Attached Amendment / Reply After Final Affidavits/declaration(s) Extension of Time Reques Express Abandonment Re Information Disclosure State Certified Copy of Priority Document(s) Response to Missing Parts Incomplete Application Response to Missing Founder 37 CFR 1.52 or	Change of Correspondence Address Terminal Disclaimer S. Request for Refund CD, Number of CD(s) Remarks The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 50-						
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Signature	<u> </u>						
Date	August 29, 2005						
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PTO/SB/17 (10-04v2)
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CENT					lete if Known		
FEE TRANSMITTAL Application Number Filing Date			10/664,962				
TEE INAMSMITTAE		Filing Date		September 22, 2003			
FO	FOR FY 2005 First Named Inventor Shunpei YAMAZAKI et al.		et al.				
Effective 10/01/2004. F	Patent fees are subject to annual revision.	Examiner Name		T. Nguyen		NA.	
☐ Applicant Claims sma	Il entity status. See 37 CFR 1.27.	Group Art Unit		2813		***	
TOTAL AMOUNT OF	PAYMENT (\$) 680.00	Attorney Docket No.		0756-7199			
MET	HOD OF PAYMENT			FEE CALCU	LATION (con	tinued)	
1. The Commissioner	is hereby authorized to charge indicated	3. ADDITIONAL	FEES		,		•
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Under 37 CFR 1.16 credit overpayments		1805 1,840 * 1805 1	,840* R	equesting publicat	tion of SIR after I	Examiner action	
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1. BASIC FILING FEE		1401 500 2401	250 N	otice of Appeal			
Large Entity Small E	ntity	1402 500 2402	250 Fi	iling a brief in sup	port of an appeal		
	Fee Fee Description (S) Fee Paid	1403 1000 2403	500 R	equest for oral hea	aring		
Code (\$) Code (1451 1,510 1451 1	,510 Pe	etition to institute	a public use proc	eeding	
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	75 Examination fee	1453 1,500 2453	750 Pe	Petition to revive – unintentional			
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2. EXTRA CLAIM FEE	CS	1807 50 1807		rocessing fee unde	er 37 CR 1.17(q)		
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Total Claims 59 -49	** = 10 X \$50 = \$500	8021 40 8021	40 R	ecording each pate	ent assignment pe	er property (times	
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	Fee Fee Description						
Code (\$) Cod	le (\$)	1802 900 1802		equest for expedit oplication	ed examination o	f a design	
1202 50 2202	25 Claims in excess of 20	Other fee (specify) Term	-	•			
1201 200 2201 1	OO Independent claims in excess of 3	(speed) / <u>1841</u>					
1203 360 2203 1	80 Multiple dependent claim, if not paid	* Reduced by Basic Fili	ng Fee I	Paid	SUBTOTAL (3)	(\$) 180.00.	
1204 200 2204 1	00 ** Reissue independent claims over						
1205 50 2205	original patent			CERTIFICA	TE OF MAII INC		
over original patent I hereby certify that this correspondence is being deposited with the United States Postal Service with							
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Name (Print/Type)	LITO J. ROUIIISUII	(Attorney/Agent)	J0,2	· · · · · · · · · · · · · · · · · · ·	Telephone	(2/1/ +24-0/0	
Signature	26	·			Date	August 29, 20	05